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6-17

Government
of
Saskatchewan

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Statemen

The Honourable
Dustin Duncan

Minister of Health

The Honourable
Greg Ottenbreit

Minister Responsible for Rural and Remote Health

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Response to Government Direc

The Government of Saskatchewan is committed to building on Saskatch
infrastructure and in vital programs and services for the people of our p
commitment – to *Keep Saskatchewan Strong.* This year marks the beginn
change to ensure the sustainability of high quality public services delive

This focus will advance Government toward the realization of Saskatche

Saskatchewan

"... to be the best place in Canada – to live, to work, to start a busines

Sustaining growth and opportunities for Saskatchewan people

Meeting the challenges of growth

Saskatchewan's Vision and goals provide the framework for ministries, a
and meet the needs of Saskatchewan's residents.

All ministries and agencies will report on progress in their 2016-17 annu

Operational Plan

Mandate Statement

Through leadership and partnership, the Ministry of Health is dedicated to achieving a responsive, integrate
system that puts the patient first, and enables people to achieve their best possible health by promoting he
responsible self-care.

Mission Statement

The Saskatchewan health care system works together with you to achieve your best possible care, experienc

Vision
Healthy People, Healthy Communities
Mission:
The Saskatchewan health care system works together with you to achieve your best possible care, experience and health.
Better Care
Better Health
Culture of Safety | Patient & Family Centred Care
Continuous Improvement | Think & Act as One System

Putting Patients First
better health · better care · better value · better teams

t Goals

growth
nities for
people

Meeting the challenges of growth

Securing a better quality of life for all Saskatchewan people

Delivering responsive and responsible government

upport of the *Saskatchewan Plan for Growth*: Better Care

l

patients and families, improve the individual's experience, achieve timely access and continuously improve

ent Waits and Patient Flow: Existing efforts to reduce emergency department waits across the health system
-17. Reducing emergency department waits and improving patient flow remains a key priority.

lementation of Interdisciplinary Rounds.

lementation of the Alternate Level of Care data capture strategy.

ss functional planning strategy. Cross functional planning is defined as "planning seamlessly across various
and programs within the health system from the perspective of the patient and family".

y Department Waits and Patient Flow Outreach Support Team will support regions' implementation of
rnate Level of Care and Interdisciplinary Rounds strategies at the point of care.

Measures

ncy Department wait times.

here will be a 60% reduction in emergency department wait times.

reductions of the 60% wait time targets.

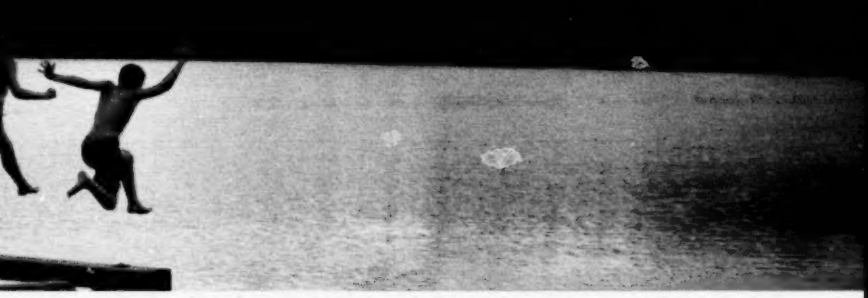
ere will be 35% reduction in wait time targets measured from the 2013-14 baselines.

chat have fully implemented Interdisciplinary Team Rounds.

00% of all Medical / Surgical and Critical Care Units will have implemented interdisciplinary physician attended
ovincial and regional hospitals.

cal units in the province collecting Alternate Level of Care data using the provincial standard.

ternate Level of Care data will be captured in 100% of hospital adult units across Saskatchewan.



will reduce the wait time for an appropriate first consult appointment with a
arch 31, 2019.

iate referral to specialist with two to three new specialty groups to achieve a
and another 25% improvement in the second year.
ialties. LINK (Leveraging Immediate Non-urgent Knowledge) is a provincial
imary care physicians with timely access to specialists for non-urgent patient

eferral letters and specialists consult letters.
cialty that frequently utilizes advanced medical imaging (MRI, CT).
into the provincial Electronic Medical Record systems.
ivate-pay CT services.

r an appropriate referral to specialist with two to three new specialty groups to
ear and another 25% improvement in the second year.
urgent telephone consultations in two to three more specialties by March

inicians in at least three selected clinical areas will be utilizing agreed upon

ecifically CT scans, for patients with low back pain.
propriateness of Care through:
ss of Care Network to assume a leadership role in supporting implementation
h regions and the Saskatchewan Cancer Agency;
grams; and,
rs to measuring the outcomes of the Appropriateness of Care projects (e.g.

ar spine CT scan utilize / comply with the agreed upon best practices.

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Delivering responsive and responsible government

n, and collaborating with communities and

ental health and addiction services and

lth and addiction service (e.g. Stepped
s need (e.g. Level of Care Utilization

ions for adult and child / youth. Develop

dult and child / youth. Develop corrective

f urgency.

rvices 100% of the time and for contract

tions Action Plan.

better health as indicated by a 10%
ary Artery Disease, Chronic Obstructive

nprovement Program flow sheets to

a Qu'Appelle Health Region.
Kelsey Trail Health Region.

- Participate in cross-functional pl
  department.
- Support implementation of mer
- Increase awareness of mental he

Performance Measures

Number of patients who access prima

By March 31, 2017, there will be a 50%
care on my day of choice either in pers

Number of patients with common chr

By March 31, 2017, 45% of patients wit
Pulmonary Disease, and Heart Failure)
through approved electronic medical r

Strategy

Seniors: By March 31, 2020, seniors can
needs change.

Key Actions

- Support a higher percentage of
  Priority Levels (MAPLe) score.
- Continue with the Home First pr
- Implement strategies to reduce t
  provincial targets and improve ca
- Implement educational resource
- Implement Purposeful Rounding
- Finalize long-term care resident a
- Fully implement the Seniors Hou
  will be reporting on specific mea

Performance Measures

Number of clients with MAPLe scores

By March 31, 2017, the percentage of cl
increase to 80%.

Number of facilities meeting quality in

By March 31, 2017, 100% of Saskatchew
indicators.

Number of staff who have reviewed ed

By March 31, 2017, 100% of long-term c

Establish family experience baseline data.

By March 31, 2017, a baseline will be established for resident and family ex

Implement Purposeful Rounding.

By March 31, 2017, 67% of long-term care facilities will have implemented

Number of Emergency Department visits in the Seniors House Calls clien

Decreased number of Emergency Department visits in client cohort by 50%

Rate of hospital admissions in the Seniors House Calls client cohort.

Decreased rate of hospital admissions in client cohort by 50% over baseline

Rate of hospital readmissions in Seniors House Calls client cohort.

Decreased rate of hospital readmissions in client cohort by 50% over baseli

Government Goals

Sustaining growth and opportunities for Saskatchewan people

Meeting the challenges of growth

Strategic priority in support of the *Saskatchewan Plan for Growth*: Better Tea

Ministry Goal

Build safe, supportive and quality workplaces that support patient- and fam
a highly skilled, professional and diverse workforce that has a sufficient num

Strategy

Culture of Safety: To achieve a culture of safety, by March 31, 2020, there wil

Key Actions

- Health regions and the Saskatchewan Cancer Agency will implement
  Line as defined by the Implementation Assessment. Safety Alert / Sto
  and expects staff and physicians to be safety inspectors, to identify p
  'stop the line' and fix them in the moment, before they can cause harm
- Health regions and the Saskatchewan Cancer Agency will implement
  The Safety Management System is a six-element, focused process tha
  providers work together with patients, families and care providers to
  everyone's responsibility.
- Health regions will fully implement medication reconciliation at trans
  is a formal process in which healthcare providers work together with
  accurate, comprehensive medication information is communicated c

Performance Measures

Progress towards achieving 100% on the Safety Alert / Stop the Line (SA / STL) Implementation As

By March 31, 2017, all health regions and the Cancer Agency will achieve a 100% score on their SA / S

Progress towards implementation of the Safety Management System (SMS).

By March 31, 2017, all health regions and the Cancer Agency will have implemented the SMS.

Percentage of hospital discharges where medication reconciliation (MedRec) was performed.

By March 31, 2017, ≥ 95% of care transitions where clients are at risk of medication errors will have Me

Government Goals

Sustaining growth and opportunities for Saskatchewan people

Meeting the challenges of growth

Securing a better quality of life for all Saskatchewan people

Strategic priority in support of the *Saskatchewan Plan for Growth*: Better Value

Ministry Goal

Achieve best value for money, improve transparency and accountability, and strategically invest in fac information infrastructure.

Strategy

Bending the Cost Curve: Health costs continue to increase. A focused effort is required to ensure the into the future. Ongoing, as part of a multi-year budget strategy, the health system will bend the cost continuous improvement initiatives.

Key Actions

- Organizations will continue to pursue shared services initiatives that improve quality and reduc
- Organizations will continue to pursue continuous improvement initiatives to achieve efficiencie

Performance Measure

2016-17 Regional Health Authorities, Athabasca Health Authority and Saskatchewan Cancer Agen measured by surplus / deficit.

ights

-17 - Highlights

investment in health care in 2016-17 is keeping Saskatchewan strong. This represents an increase of $57.4
t, over 2015-16.

dget supports targeted investments in priority areas, including health infrastructure, improving access to care
nes for surgery and diagnostic services for Saskatchewan people.

is year's health budget include:

Regional Health Authorities (RHAs) – an increase of 2.3 per cent over 2015-16 – for operating funding and
targeted programs and services, including:

n in targeted funding for the pediatric and neo-natal intensive care units and pediatricians at the Saskatoon
ion.

to reduce wait times for diagnostic services and address other acute care pressures.

expand a pilot project to provide medical robotic technology in Northern communities.

reduction in RHA administration expenses, to be re-invested in funding to frontline staff in long-term care

additional funding to increase surgical volumes and help reduce wait times.

or the Saskatchewan Cancer Agency for cancer care services, an increase of 6.2 per cent over 2015-16.

pital investment, which includes:

n for capital maintenance.

n for capital equipment replacements.

to commence heating / cooling upgrades at Saskatoon Royal University Hospital.

to begin electrical renewal projects at Regina's General and Pasqua hospitals.

for Swift Current Long-Term Care Facility final-year funding.

to complete construction of the Kelvington Integrated Care Facility.

, 2016, beneficiaries of the Children's and Seniors' Drug Plans will pay a maximum of $25 per prescription (up
escription). The change is expected to impact 66,600 families with children by an average of $20 per year, and
by an average of $80 per year.

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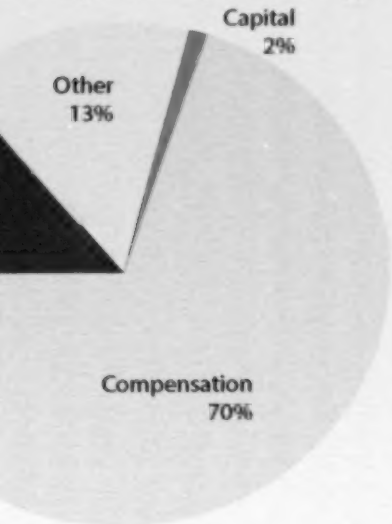
(in thousands of dollars)
11,321
211,369
3,648,878
908,297
184,225
386,840
5,350,930
(184,225)
(423)
842
5,167,124
496.9

p://www.saskatchewan.ca/budget

6-17 Expense Budget by Cost Type



chewan.ca/government/government-structure/ministries/health